



SENATE HUMAN RESOURCE SERVICES

APPLICATION FOR SESSION  
2017

PERSONAL DATA

Please print

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
FIRST MIDDLE LAST

Are you 16 years of age or older? ☐ YES ☐ NO  
(Minimum age to be a page is 16 years.)

Are you 18 years of age or older? ☐ YES ☐ NO  
(Minors will need to obtain signed authorization to submit to LA Workforce Commission.)

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Recommended By: \_\_\_\_\_

Position Sought: Page ☐ Aide ☐ Sergeant at Arms ☐ Law Clerk ☐ Other ☐ \_\_\_\_\_

Have you ever worked for the Louisiana Senate? ☐ YES ☐ NO

If yes, when and in what position? \_\_\_\_\_

Do you have a relative who is a member of the Louisiana Legislature or who is employed by the Senate? ☐ YES ☐ NO

If yes, provide the relative's name and relationship: \_\_\_\_\_

Earliest date available to start \_\_\_\_\_

EDUCATION

Are you currently in school? ☐ YES ☐ NO If yes, where and what year? \_\_\_\_\_

HIGH SCHOOL:

Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed \_\_\_\_\_ Diploma Received: ☐ YES ☐ NO

COLLEGE OR UNIVERSITY:

Name \_\_\_\_\_ Location \_\_\_\_\_

Number of years completed \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Degree Received: ☐ YES ☐ NO If yes, what type? \_\_\_\_\_

\*\*\*\*\*If you are currently enrolled in school, please attach a copy of your class schedule. \*\*\*\*\*

## WORK EXPERIENCE

Previous Legislative Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Work Experience \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign from any position? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Do you currently hold a public office or position? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Are you currently employed by any state entity? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

I authorize the Senate or its designees to investigate all statements contained in this application. I also authorize and request any and all former employers (except as specified above) and any other persons, firm, or corporation to furnish any and all information requested by the Senate or its designees concerning my job performance, suitability for employment, job qualifications, and personal background, and I hereby release each such employer or other person, firm, or corporation from any and all liability by reason of furnishing the requested information. In addition, if I should become employed by the Senate, I expressly authorize the Senate to release information about my job performance, job qualifications, and suitability for employment to any person who may request such information either during my employment or after my employment terminates, and I expressly release the Senate from any liability for disclosing such information.

I understand that the Senate follows an "employment at will" policy, in that I or the Senate may terminate my employment at any time, or for any reason with or without cause, consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity.

I understand that any misrepresentation or omission of fact contained in this application is cause for my rejection or immediate dismissal if I should become employed. I also understand and agree that, if I should become employed, my employment with the Senate is for no definite time period and may be terminated at any time. Finally, I understand that the completion of this employment application does not indicate that there are position openings and does not obligate the Senate to offer me a position if positions are available.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that the information provided is true and accurate:

Signature \_\_\_\_\_

Date \_\_\_\_\_

### The following information to be filled in by Senate Human Resources Services:

Sponsored by \_\_\_\_\_

Dates to be employed \_\_\_\_\_

Position \_\_\_\_\_

Employee ID \_\_\_\_\_

### **Please return to:**

Louisiana Senate  
Human Resource Services  
P.O. Box 94183  
Baton Rouge, LA 70804

OR

Fax: (225) 342-8340